EDITORIAL

Managing effective reform for Community Medicine subject: Vision to actions

Amiruddin Kadri

Secretary General, Indian Association of Preventive and Social Medicine - Professor & Head, Community Medicine Department PDU Medical College, Rajkot, Gujarat

Abstract | Introduction | Methodology | Results | Conclusion | References | Citation | Tables / Figures

Corresponding Author

Address for Correspondence: A M Kadri, Secretary General, Indian Association of Preventive and Social Medicine, Professor & Head, Community Medicine Department PDU Medical College, Rajkot, Gujarat.
E Mail ID: iaspmsecretarygeneral@gmail.com

Citation

Kadri AM. Managing effective reform for Community Medicine subject: Vision to actions. Indian J Comm Health. 2017; 29, 4: 337 - 339.

Source of Funding: Nil **Conflict of Interest:** None declared

Article Cycle

Received: 29/11/2017; **Revision:** 05/12/2017; **Accepted:** 20/12/2017; **Published:** 31/12/2017

It is not the strongest or the most intelligent who will survive but those who can best manage change.

- Charles Darwin

Reforming Community Medicine discipline is the felt need amongst fraternities of Community Medicine but making effective change is the greatest challenge. It is uphill task and many big organizations failed in ushering the change without full thought to how to manage reform? With changing demand and role of the subject, Royal Colleges of Physicians of United Kingdom had tried to change Faculty of Public Health to Faculty of Community Medicine and then to Faculty of Public Health Medicine to manage the change but it failed (1). However, we need to learn from them and succeed in managing the change.

Indian Association of Preventive and Social Medicine (IAPSM) is looked upon for managing the Community Medicine reform. Situational analysis and problem identification are just initial steps in this direction. Reform to be successful, requires systematic and complete approach. One of the popular matrix for effective management of change (Figure 1) shall be referred for managing Community Medicine reform. As per this matrix for effective management of the change, five conditions are required to be managed. Not addressing anyone of them can result in failure and the outcome will be confusion to false start. If more than one conditions are missed than mix of the situation will be generated. As an association, IAPSM has initiated the reform (2) and for effective reform, it has tried to consider all the areas for effective change.

Vision: Before ushering the change we need to have a clear vision about where we want to see our subject after the change. Vision cannot be kept for short term or for fragmented gains. It must closely be linked with reform goal and able to set the direction toward its attainment. Based on the various formal and informal discussions/deliberations with top level health managers (bureaucrats, ministers) and public health stakeholders, one common expectation what has emerged is that Community Medicine experts must move beyond teaching and research. They must directly contribute in managing peoples' health by becoming Practitioners of subject rather than preacher of it. In above light; the vision that can be drawn for community medicine reform is to make it relevant to country's need and modern time. As per

it, we can set our vision as "Making Community Medicine subject a practicing subject".

Skills: Reform requires specific skills in managing it. Epidemiology is the core subject for community medicine subject; epidemiological skills are the core skills for community Medicine experts. Currently Community Medicine experts are largely playing the role as a teacher and a sometimes as a researcher. Skills required as teachers and researcher are; teaching techniques as well as research methodologies and biostatistics. Under reform, proposed newer roles as Community Medicine Practitioners are as public health advisers or health system managers. Community Medicine experts need to be involved in managing community health directly. In these proposed newer role under reform, CM experts require to use epidemiological skills in managing community health in close association with health system. When older skills are better understood by 'Epidemiological Triad', newer skills can be better described with 'Community Medicine Triad' created by interactions between, epidemiology, community sciences and health care delivery system (Figure 2). Presently; skills for understanding the community and community health needs are adequate with experts in community medicine but skills to understand health system and manage it are lacking. To manage reform, we need to consolidate preventive, promotive and primary clinical as well as epidemiological skills along with inculcating managerial skills as per -proposed newer role i.e. managing the health of community keeping community medicine triad at center of reform.

Incentives: Reform must fetch substantial incentives to motivate the team for the change. The proposed reform can incentivize to some of the CM experts individually as well as to the discipline as a whole. Career prospectus will be increased for individual expert in the subject. Career trajectory will be expanded from teacher or researcher to health manager-consultant in health system for budding young CM experts. Incentive to the subject will be that it can clear clouds of confusion off the identity crisis by showcasing tangible contributory role of the subject in health care. Thus incentive is that recognition of subject and usefulness of individual experts in the society can be established. Government of India's recent policy commitment towards creation of Indian Pubic Health Cadre, provides an opportunity to tap and hence incentivize the subject experts. At the same time, it requires aligning of PG trainings with the requirements of the jobs under proposed Indian Public Health Cadre as classical proverb "deserve before demanding".

Resources: Reform does not come free of cost and requires resources. Here resources may not be viewed as finances alone. Human resources, especially human intelligences are great resource for managing reform. Though IAPSM is having practically nil financial resource for managing reform, but it has number of experienced members who can contribute their time and wisdom to guide reform. Key strategy for reform requires change in teaching training of Community Medicine (3). The pivotal resource for reform can be revision of syllabus and curriculum for UG and PG studies (4). Community Medicine department can be epicenter for reform. Well-articulated guidelines for various service units of Community Medicine department to transform Community Medicine department from teaching to practicing department are another important resources. Out of these, guideline for Urban Health Training Centre (UHTC) and Rural Health Training Centre (RHTC) is most crucial. Besides that, other resources required are various technical modules/training on health system and health management, text books/training on applied epidemiology in Community Medicine. Increase in activities at Community Medicine department will require some additional human resources as well as adequate number of vehicles as mobility support to field staff. The thumb rule is that all these resources must be directed towards goal set for reform.

Action Plan: This is the most critical element in managing effective reform. "Ideas" without any action plan are mere "wishes" only. When vision has to be realized, it has to be backed up by appropriate action plan. Action plan is organizing activities and resources against time to attain the desired goals. For developing action plan proposed list of actions are...

1. Developing revised UG syllabus and text book as per revised syllabus.
2. Developing revised PG curriculum and posting guidelines.
3. Advocacy with competent authorities to accept and recommend revised syllabus/curriculum to medical education.
4. Developing list of essential practicing models and their guidelines.

5. Advocacy with competent authorities to accept and recommend essential practicing models as integral part/functioning of Community Medicine department.
6. Sensitization and capacity building of the faculties working in Community Medicine department for newer skills to manage reform.
7. Advocacy at national and state level for creating jobs in government health system at district, state and national health team.

These actions require timely accomplishment for effective reform. Responsibilities of few of the actions are being shouldered by IAPSM and few by its members, especially working in the Community Medicine Department. IAPSM wishes to come out with all guideline resources within one and half year. The most challenging task is converting Community Medicine Department as practicing department. To begin; 30-50 medical colleges with adequate capacity and management support can be roped in to make them reform model for other colleges in first phase.

Last words…

Reform requires persistent efforts, pursuance, and patience. We need to move step by step and build brick by brick as age old wisdoms says “Rome is not built in a day”

Acknowledgement

I would like to acknowledge the critical review and inputs by Dr. Pradeep Kumar, Chief editor, Indian Journal of Community Medicine and Dr. Nilesh Fichadia as well as Dr. Ankit Sheth, young faculties in the Community Medicine Department, PDU Govt. Medical College, Rajkot, Gujarat.

References

1. Warren MD. The creation of the Faculty of Community Medicine (now the Faculty of Public Health Medicine) of the Royal Colleges of Physicians of the United Kingdom. J Public Health Med. 1997 Mar;19(1):93-105. PubMed PMID: 9138225.[PubMed].
2. Kadri A. Reforming community medicine in line with the country’s health priorities - Let’s make it relevant and rational. Indian J Community Med. 2017;42(4):189.
3. Garg BS. Teaching/Training and Practice of Public Health/PSM/Community Medicine. Indian J Community Med. 2017 Jul-Sep;42(3):127-130. doi: 10.4103/0970-0218.212073. PubMed PMID: 28852272; PubMed Central PMCID: PMC5561686.[PubMed].
4. Shewade HD, Jeyashree K, Chinnakali P. Reviving community medicine in India: The need to perform our primary role. Int J Med Public Health [Internet]. 2014 [cited 2017 Sep 11];4(1). Available from: http://www.ijmedph.org/article/217?qt-sidebar_tabs=0

Figures

FIGURE 1 EFFECTIVE MANAGEMENT OF CHANGE

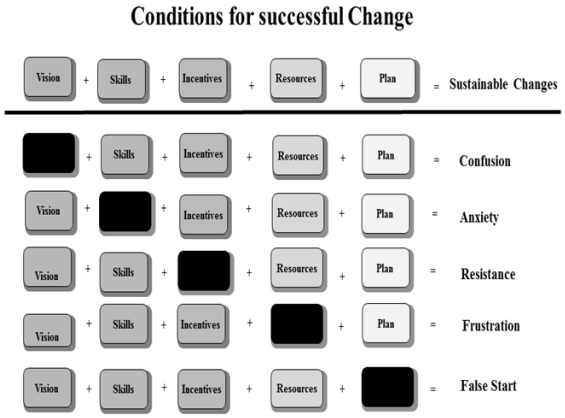

FIGURE 2 COMMUNITY MEDICINE TRIAD